

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Teachers Association of the Norwalk La Mirada Area Educational Improvement Fund Political Committee		<b>Date of This Filing</b> <u>09/30/2024</u>	Date Stamp	<div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;">                     E-Filed                      09/30/2024                      10:51:23                       Filing ID:                      212208980                 </div>	CALIFORNIA FORM <span style="font-size: 2em; font-weight: bold;">496</span>
<b>AREA CODE/PHONE NUMBER</b> (562)868-6251	<b>I.D. NUMBER (if applicable)</b> N/A	<b>Report No.</b> <u>6</u>	For Official Use Only		
<b>STREET ADDRESS</b>  		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)			
<b>CITY</b> Norwalk	<b>STATE</b> CA	<b>ZIP CODE</b> 90650	<b>No. of Pages</b> <u>3</u>		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Miguel Rivera				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> Board of Education District 1	<b>DISTRICT NO.</b> 1	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
08/15/2024	PAC Candidate interviews	73.04
09/05/2024	Joint mailers	1,181.04
09/05/2024	PAC Meeting with team and candidates	90.51
09/05/2024	Overnight postage	10.15

Reason for Amendment: \_\_\_\_\_  
 \_\_\_\_\_

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## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/05/2024	Voter data	116.67
09/18/2024	Mailers	6,803.16

Reason for Amendment: \_\_\_\_\_

\_\_\_\_\_

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**CALIFORNIA FORM 496**

NAME OF FILER  
Teachers Association of the Norwalk La Mirada Area Educational Improvement Fund Political Committee

I.D. NUMBER (If applicable)  
N/A

### 3. Contributions of \$100 or More Received\*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
08/19/2024	Teachers Association of the Norwalk La Mirada Area Educational Improvement Fund Political Committee Norwalk, CA 90650 Committee ID# N/A	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,700.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee